

TITLE VI – COMPLAINT FORM

This form may be used to file a complaint with the Michigan Department of Transportation (MDOT) based on purported violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a letter that provides the same information is sufficient to file your complaint. **If you need assistance completing this form due to a physical impairment, please contact us by phone at (517)241-4427. FAX (517)335-0945 or TDD/TTY through the Michigan Relay Center at (800) 649-3777.**

Only the complainant or the complainant's designated representative should complete this form.

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

WORK TELEPHONE

FAX

Individual(s) discriminated against, if different from above (use additional page(s) if necessary):

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE NO.

WORK TELEPHONE NO.

FAX NO.

PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE

Name of Agency and department or program that discriminated:

AGENCY AND DEPARTMENT NAME

NAME OF INDIVIDUAL (If known)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NO.

FAX NO.

Date(s) of alleged discrimination:

DATE DISCRIMINATION BEGAN

LAST OR MOST RECENT DATE OF DISCRIMINATION

Waiver Request:

Generally, complaints of discrimination must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed was more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

